

44th ANNUAL REGION I MEETING-REGISTRATION FORM- OCT. 22 and 23, 2009

Crowne Plaza Hotel, Cromwell, CT

Connecticut Valley, Northeast, Eastern New York, and New York City Branches – ASM

Please Print

Name: _____ **ASM membership #** _____

Institution: _____

Address: _____

Telephone #: _____ **Email:** _____

Institution Type: (Please Circle One):

Hospital Private Gov't Lab College/University Industrial Consultant Other

Branch Membership (Please Circle One):

CT Valley Northeast Eastern NY NY City None

Registration fee includes continental breakfast, mid-morning break and daily lunch. Member registration discount fees are applicable to Region I Branch members only. Join now! Become a Branch member by filling out the Membership Application and mailing it with your registration form.

GENERAL REGISTRATION		Early Bird Before 9/15	Regular 9/15 to 10/7	Late After 10/7	Total Amount
Two Day (Thurs, and Fri)	Member	\$99	\$125	\$150	
	Non member	\$125	\$150	\$175	
	All Students	\$40	\$50	\$60	
One Day (please circle one) Thurs. Fri.	Member	\$60	\$75	\$90	
	Nonmember	\$75	\$90	\$105	
	All Students	\$25	\$30	\$35	
THURSDAY BANQUET (Banquet admission is not included in registration fee) Please indicate dinner choice for yourself and guests(s).					Total Amount
		Member		\$60	
		Non-Member		\$60	
		Student		\$25	
Tilapia # tickets _____ or Prime Rib of Beef # tickets _____ or Vegetarian # tickets _____		Student with poster submitted by 9/30/09		free	
Total Amount Enclosed					_____

Please return this form along with check or money order made out to CVB-ASM To:

Kathleen A. Feldman, Ph.D.

President, CT Valley Branch-ASM

P.O. Box 498

Colchester, CT 06415

(860)537-3118

kafeldman@comcast.net

Registration Confirmation will Not be sent